

## A DIVERSE AGING POPULATION: WORKING TOWARDS A HEALTHIER, LONGER LIFE

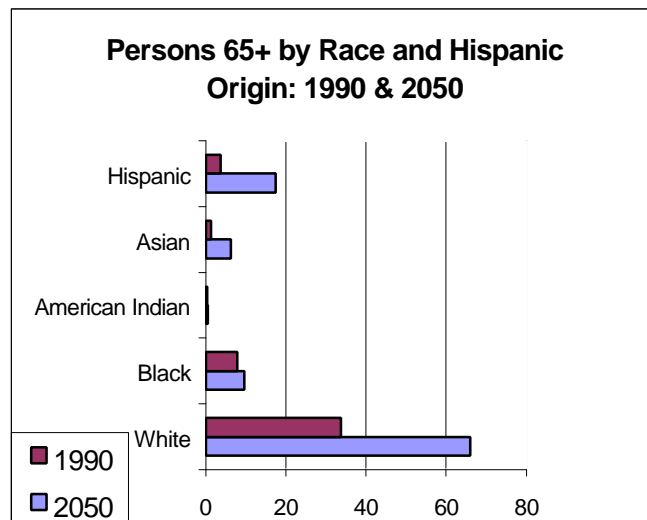


America's population is getting older, living longer, and becoming more racially diverse. Taken together, these population trends—aging, longevity, and diversity—will require new services that are sensitive to the varying needs of not just older minority Americans but of several cohorts of older persons as well. The Administration on Aging (AoA) recognizes the difficulty in meeting this dual challenge. While we fully realize the intricacies involved in serving a multi-generational, multicultural aging population, we remain committed to eliminating health disparities which adversely affect America's minority racial and ethnic groups.

### Demographic Overview of America's Diverse Aging Population

As the chart indicates, while all ethnic and racial minority groups are expected to grow, Hispanic American and Asian American populations will increase substantially by 2050. Both the Asian and Hispanic populations are comprised of various subgroups: In the Hispanic American elderly population in 1990, about 49% were of Mexican ancestry, 15% were of Cuban ancestry, 12% were of Puerto Rican ancestry and 25% reported they were of other Hispanic ancestry.

In the Asian American population, 30% were of Chinese ancestry, 24% were of Japanese descent, 24% indicated that they were of Filipino



Source: U.S. Census Bureau, 1990 Current Population Reports, P25-1095, U.S. Population Estimates, by Age, Sex, Race and Hispanic Origin: 1980 to 1991, November 1991. Data for 2000 to 2050 shown in Current Population Reports, P25-1104, Projections of the United States, by Age, Sex, Race and Hispanic Origin: 1993-2050 (middle series).



descent, 8% were of Korean descent, 5% were Asian Indians, 4% were Vietnamese, and about 5% reported they were of other Asian ancestry or were Pacific Islanders.

### **Addressing Diabetes, Cardiovascular Disease and Adult Immunization in Ethnically Diverse Communities**

With the health and well being of older adults as its top priority, AoA actively contributes to the U.S. Department of Health and Human Services Initiative to Eliminate Racial and Ethnic Disparities in Health. AoA's commitment focuses on three key areas: diabetes, cardiovascular disease, and adult immunizations as they relate to minority elders.

- **Diabetes.** Diabetes is the seventh leading cause of death in the United States, and its estimated direct cost is \$98 billion a year. Diabetes is most common in older adults, affecting 6.3 million people age 65+, and occurs more often among older African Americans, Hispanic Americans, and Native American Indians.
- **Cardiovascular Disease.** Among both men and women, and across all racial and ethnic groups, cardiovascular disease is our nation's leading killer. In 1997, cardiovascular disease was the cause of 43% of all deaths among people age 65 and older.
- **Immunizations.** In 1998, only 65% of older adults received their annual flu shot, and only 45% ever received a pneumococcal vaccine. The older African American and Hispanic American populations have substantially lower coverage. Influenza and pneumonia were the fifth leading cause of death for African Americans and Hispanic Americans age 65 or older.

It is possible to prevent or delay the onset of diabetes, cardiovascular disease, influenza, and pneumococcal diseases by adopting healthy lifestyles which incorporate healthy diets, exercise, and immunization. AoA seeks to achieve positive outcomes through the strategic use of nutrition programs, information outreach programs, the adoption of culturally competent service models and strategies, and methods that assure increased access to services for those in greatest economic and social need, particularly low-income minorities.

### **Nutrition Programs**

Because ethnic and cultural dietary habits are an integral aspect of the lives and identity of minority Americans, AoA urges the inclusion of familiar ethnic foods,

with modifications as necessary, in menus for minority Americans. The availability of familiar ethnic dishes in meals served to elderly minority Americans increases the likelihood that meals will be consumed and enjoyed.

### **Physical Activity**

The AoA also encourages all older adults to incorporate physical activity into their daily routines. While physical activity is a crucial element of a healthy, longer life, only about 71% of adults age 65+ participate in leisure time physical activities, and only one-third achieve recommended activity levels. Programs and services for older adults can contribute significantly to the increased adoption and learning of beneficial exercise routines. These routines do not need to be elaborate. Recent studies by the National Institutes of Health show significant health improvements and stress reduction among persons who simply take regular 30-minute walks. Individuals should design a program which is right for them. For older minority Americans, ethnic and cultural dances, martial arts forms like Tai Chi, and other activities are excellent forms of exercise.

### **Access to Care**

Because of past incidents of experimentation, impediments to health care access, disparate quality of care, and other experiences, older minority Americans are often reluctant to seek health care from unfamiliar health resources or health professionals. Religious and community organizations and other familiar associations can be invaluable resources in extending the public health education and outreach efforts of AoA's Aging Network.

The elimination of health disparities among minority elders is a priority of the AoA. Effective, evidence-based interventions are more widely known and more readily available than ever before. They include a reliance upon improved nutritional options with familiar ethnic foods and upon regular exercise and immunization. Through the efforts of the Aging Network and of minority and other organizations working in partnership with minority elders and their families, costly, preventable health disparities can be eliminated early in the 21st century.

Working in close partnership with its sister agencies in the Department of Health and Human Services, the Administration on Aging provides leadership, technical assistance, and support to the national aging network of 57 State Units on Aging, 655 Area Agencies on Aging, 225 Tribal and native organizations representing 300 American Indian and Alaska Native Tribal organizations and 2 organizations serving Native Hawaiians, plus thousands of service providers, adult care centers, caregivers, and volunteers.

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